

*Notes in red made by court clerk

E-FILED 8/15/2023

File No. 2023-176

Cortland County Surrogate's Court

Filed #

Fee420.00.....#.....

Certs 18.00# 3.....

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STATE OF NEW YORK
SURROGATE'S COURT: COUNTY OF CORTLAND

Probate Proceeding, Will of

JOHN B. FOLMER

Deceased.

PETITION
FOR PROBATE[] Letters Testamentary
[] Letters of Trusteeship
[x] Letters of Administration,
c.t.a

File No. 2023-176

TO THE SURROGATE'S COURT, COUNTY OF CORTLAND:

It is respectfully alleged:

1. (a) The names(s), citizenship, domicile(s) (or, in the case of a bank or trust company, its principal office) and interest(s) in this proceeding of the petitioner(s) are as follows:

Name: Tiffany F. Lawrence

Domicile or Principal Office: 6 Conmar Dr. Rochester, NY 14609

Citizen of: USA

Interest of Petitioner (check one): () Executrix named in decedent's Last Will presented herewith

(X) Other (specify): Administrator is named
Beneficiary in the above decedents will

1. (b) The proposed Executor [] is [X] is not an attorney.
[Note: A sole Executor-Attorney must comply with 22 NYCRR 207.16(e)]
1. (c) The proposed Executor [] is [X] is not the attorney-draftsperson, a then-affiliated attorney or employee thereof.
[Note: An attorney-draftsperson, a then-affiliated attorney or employee thereof must comply with SCPA 2307-a.]
1. (d) The proposed Executor [] is [X] is not a convicted felon nor is he/she otherwise ineligible, pursuant to SCPA 707 to receive letters. If the proposed Executor is a convicted felon, submit a copy of the Certificate of Relief from Civil Disabilities.

2. The name, domicile, date and place of death, and national citizenship of the above-named decedent are as follows:

Name: John B. Folmer

Date of death: May 28, 2023

Place of death: Guthrie Cortland Medical Center, Inc. Cortland, NY

Domicile Street: 149 Village Terrace

Village/City/Town of: Cortland County: Cortland State: New York

Citizenship: USA

3. The Last Will, herewith presented, relates to both real and personal property and consists of an instrument or instruments dated as shown below and signed at the end thereof by the decedent and the following subscribing witnesses:

Date of Will: July 6, 2020

Witness to Will: Donald C. Armstrong

Witness to Will: Betty Bartolone

4. No other will or codicil of the decedent is on file in this Surrogate's Court, and upon information and belief, after a diligent search and inquiry, including a search any safe deposit box, there exists no will, codicil or other testamentary instrument of the decedent later in date to any of the instruments mentioned in paragraph (3) except as follows: [enter "none" or specify]

NONE

5. The decedent was survived by distributees classified as follows: [Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL 4-1.1 and 4-1.2. State the number of survivors in each class. Insert "No" in all prior classes. Insert "X" in all subsequent classes].

a. (NO) Spouse (husband/wife). () Divorced [Attach copy of Divorce Decree]

b. (3) Child or children and/or issue of predeceased child or children. [Must include marital, nonmarital, adopted or adopted-out child under DRL Section 117].

c. (x) Father/mother.

d. (x) Sisters and/or brothers, either of the whole or half-blood, issue of predeceased sisters and/or brothers. (Nieces /Nephews, etc.)

e. (x) Grandparents (Include maternal and paternal).

f. (x) Aunts and/or uncles, and children of predeceased aunts and/or uncles (first cousins). [Include maternal and paternal]

g. (x) First cousins once removed (children of predeceased first cousins). [Include maternal and paternal]

6. The names, relationships and addresses of all distributees (under EPTL 4-1.1 and 4-1.2), of each person designated in the Last Will herewith presented as primary executors(trixes), of all persons adversely affected by any codicil and of all persons having an interest under any other will of the decedent on file in the Surrogate's Court, are hereinafter set forth in subdivisions (a)

beneficiaries affected by the will in subparagraphs (a) and (b) below. Submit trust agreement]

(a) All persons and parties so interested who are of full age and sound mind and under no disability, or which are corporations or associations, are as follows:

Name and PO Address	Relationship (If nonmarital, so indicate)	Description of Legacy Devise or Other Interest, or Nature of Fiduciary Status
Tiffany F. Lawrence 6 Conmar Dr. Rochester, NY 14609	Daughter	Residuary Beneficiary Paragraph/FIFTH (B)
Jeffrey Folmer 42 East Point Pleasant Ave. Ocean Gate, NJ 08740	Son	Beneficiary Paragraph SECOND
Todd J. Folmer 411 N. Ash St. Cortez, CO 81321	Son	Residuary Beneficiary Paragraph/FIFTH (A)
Tompkins Community Bank f/k/a Tompkins Trust Company 118 E. Seneca St. Ithaca, NY 14850		Executor Paragraph/LASTLY, Trustee Paragraph/SEVENTH Renounced both appointments.

(b) All persons so interested who are persons under disability, are as follows:
(Please furnish all information specified in note following 7b)

NONE

7. (a) The names and domiciliary addresses of all substitute or successor executors and of all trustees, guardians, legatees, devisees, and other beneficiaries named in the Will and/or trustees and beneficiaries of any inter vivos trust designated in the propounded Will other than those named in Paragraph 6 herewith are as follows:

Name	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest, or Nature of Fiduciary Status
Dartmouth College	Gift Recording Office 6066 Development Office Hanover, NH 03755	Beneficiary Paragraph THIRD (\$2,000.00)
Dewey I. Lawrence, Jr. Parent of Spencer Lawrence	6 Conmar Dr. Rochester, NY 14679 14609	Beneficiary Paragraph FOURTH (Diamond Ring)

(b) All such legatees, devisees and other beneficiaries who are persons under disability are as follows: (Furnish all information specified in NOTE below)

(b) All such legatees, devisees and other beneficiaries who are persons under disability are as follows: (Furnish all information specified in NOTE below)

Name	Domicile Address and Mailing Address	Description of Legacy, Devise or Other Interest or Nature of Fiduciary Status
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NONE

NOTE: In the case of each infant, state (a)name, birth date, relationship to decedent, domicile and residence address, and the person with whom he/she resides, (b)whether or not he/she has a court-appointed guardian (if not, so state), and whether or not his/her father and/or mother is living, and (c)the name and residence address of any court-appointed guardian and the information regarding such appointment. In the case of each other person under a disability, state (a)name, relationship to decedent, and residence address, (b)facts regarding his disability including whether or not a committee, conservator, guardian, or any other fiduciary has been appointed and whether or not he/she has been committed to any institution, and (c)the names and addresses of any committee, person or institution having care and custody of him/her, conservator, guardian, and any relative or friend having an interest in his/her welfare. In the case of a person confined as a prisoner, state place of incarceration and list any person having an interest in his/her welfare. In the case of unknowns, describe such person in the same language as will be used in the process.]

8. (a) No beneficiary under the propounded will, listed in Paragraph 6 or 7 above, had a confidential relationship to the decedent, such as attorney, accountant, doctor or clergyperson, except: (Enter "NONE" or indicate the nature of the confidential relationship).

NONE

(b) No persons, corporations or associations are interested in this proceeding other than those mentioned above.

NONE

9. (a) To the best of the knowledge of the undersigned, the approximate total value of all property constituting the decedent's gross testamentary estate is greater than \$100,000.00 but less than \$250,000.00

Personal Property \$ Improved Real Property in New York State:

Unimproved real property in New York State \$0.00_

Estimated gross rents for a period of 18 months \$ none

(b) No other testamentary assets exist in New York State, nor does any cause of action exist on behalf of the estate, except as follows: (Enter "None" or specify)

NONE

(10) Upon information and belief, no other petition for the probate of any will of the decedent or for the granting of letters of administration on the decedent's estate heretofore has been filed in any court.

WHEREFORE your petitioner(s) pray(s) (a) that process be issued to all necessary parties to show cause why the Will and the Codicil(s) set forth in Paragraph 3 and presented herewith should not be admitted to probate; (b) that an order be granted directing the service of process, pursuant to the provisions of Article 3 of the S.C.P.A., upon the persons named in Paragraph (6) hereof whose names or whereabouts are unknown and cannot be ascertained, or who may be persons on whom service by personal delivery cannot be made; and (c) that such Will and Codicil(s) be admitted to probate as a Will of real and personal property and that letters issue thereon as follows: [Check and complete all relief requested.]

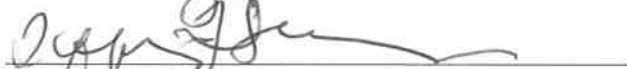
() Letters Testamentary to:

() Letters of Trusteeship to:

(X) Letters of Administration c.t.a. to: Tiffany F. Lawrence

and that petitioner have such other and further relief as may be proper.

Dated: July 25, 2023



Tiffany F. Lawrence

COMBINED VERIFICATION, OATH AND DESIGNATION

[For use when petitioner is an individual]

STATE OF NEW YORK)

SS:

COUNTY OF Monroe)


The undersigned, the petitioner named in the foregoing petition, being duly sworn, says:

1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

2. OATH OF EXECUTOR: I am over eighteen (18) years of age and a citizen of the United States. I am the executor. I am not ineligible to receive letters and will duly account for all monies and other property that will come into my hands.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I do hereby designate the Clerk of the Surrogate's Court of Cortland County, and his/her successor in office, as a person on whom service of any process issuing from such Surrogate's Court may be made, in like manner and with like effect as if it were served personally upon me whenever I cannot be found and served within the State of New York after due diligence used.

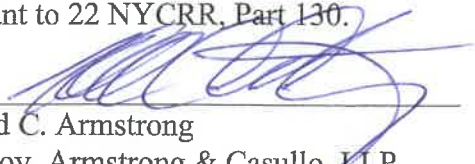
My domicile is: 6 Conmar Dr. Rochester, NY 14609


Tiffany F. Lawrence

On July 25, 2023, before me, the undersigned, a Notary Public in and for said State, Tiffany F. Lawrence, personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Jason M. Elbert
Notary Public

I hereby certify that this form is the same as the official form and substantive text has not been altered and my signature below will also act as my certification of the foregoing document pursuant to 22 NYCRR, Part 130.



Donald C. Armstrong
Pomeroy, Armstrong & Casullo, LLP
16 Tompkins Street, PO Box 828
Cortland, NY 13045
607-756-7501

